

# SHC Rapkyns Group Limited

## White Lodge

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 22 November 2017 and was unannounced. The last Care Quality Commission (CQC) comprehensive inspection of the service was carried out in July 2015. At that inspection we gave the service an overall rating of 'good'.

Since that inspection, services operated by the provider had been subject to a period of increased monitoring and support by commissioners. As a result of concerns raised about other locations operated by the provider, the provider is currently subject to a police investigation. There have been no specific safeguarding or criminal allegations made about White Lodge. However, we used the information of concern raised by partner agencies about this provider to plan what areas we would inspect and to judge the safety and quality of the service at the time of the inspection. Since May 2017, we have inspected a number of Sussex Health Care locations in relation to concerns about variation in quality and safety across their services and will report on what we find.

White Lodge is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. White Lodge accommodates eight people with a learning disability in one adapted building. At the time of this inspection seven people were using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of this inspection the registered manager was absent from the service. The provider had put arrangements in place to ensure there was adequate day to day management of the service in the registered manager's absence. They had also increased their monitoring of the service to check that these arrangements remained appropriate.

Some aspects of the service had deteriorated since our last inspection, resulting in the overall rating for the service changing from 'good' to 'requires improvement.' Staff had not received all the support they needed to deliver effective care to people. They were not provided with training to meet the specialist needs of people using the service. Staff had supervision (one to one meetings) with senior staff to help them improve their working practices and the quality of support provided to people. However they told us the frequency of these meetings could be improved.

Systems in place to assess, monitor and review the quality and safety of the service, were not always effective. The provider had not identified or addressed issues we found about some aspects of the service. They had not used learning from recent inspections of other Sussex Health Care locations to improve working practices at White Lodge. However checks of other aspects of the service had been undertaken to ensure these areas continued to be well managed and safe. The provider had plans to address some of the shortfalls we found but it was too early at this time to judge how these would lead to improved outcomes for

people.

Some parts of the environment were clean and hygienic. However some areas of the environment would have benefited from additional and more thorough cleaning. There was a lack of personalisation in communal areas such as the living and dining room, but people's rooms had been decorated and personalised to their preference. The provider had continued to maintain a servicing programme of the premises and the equipment used by staff to ensure those areas of the service covered by these checks did not pose unnecessary risks to people. After our inspection the provider arranged for a deep clean of the environment to be undertaken. They also sent us their plan for repairs, redecoration and refurbishment across the whole of the environment.

The quality of records maintained by the service was variable. Although most records were current and accurate, some of the information the service held about people on their records needed to be updated. Records maintained of staff supervision meetings were minimal and would not have supported senior staff to review how effective staff were when supporting people.

Opportunities for people to have their social and physical needs met were mixed. Some people undertook a wide range of activities daily. However people who did not go out regularly were not always appropriately stimulated and engaged when at home. The area manager told us training for staff would be provided in how to offer and deliver appropriate activities to people at home.

Staff knew how to protect people from the risk of abuse or harm. They followed guidance to minimise identified risks to people in the home and community. There were enough staff at the time of this inspection to keep people safe. The provider had adequate arrangements in place to check the suitability and fitness of any new staff.

Staff ensured that people ate and drank sufficient amounts to meet their needs, monitored their health and wellbeing and supported them to access healthcare services when they needed to. People's medicines were managed safely and people received them as prescribed. Staff adhered to the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind, attentive and respected people's dignity and right to privacy. They were aware of people's communication methods and how they expressed themselves. They supported people to undertake tasks and activities aimed at encouraging and promoting their independence.

People and their relatives were involved in planning and reviewing the care and support people required. People had a current care plan which was regularly reviewed and updated in line with any changes to their needs. Staff respected people's individual differences and supported them with any religious or cultural needs. People were supported to maintain relationships with the people that mattered to them and there were no unnecessary restrictions placed on family and friends when visiting the service.

People's views had been sought about how some aspects of the service could be improved. These had been used to tailor mealtimes to people's preference. Relatives had mixed satisfaction levels with the service but said senior staff were responsive when dealing with their concerns. The provider maintained appropriate arrangements to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided.

At this inspection we found the provider in breach of legal requirements with regard to staffing and good

governance. You can see what action we told the provider to take with regard to these breaches at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. Staff knew what action to take to protect people from abuse and how to minimise identified risks to their safety. Learning from accidents and incidents was used to reduce risks of further reoccurrence.

Some parts of the environment were clean but some parts would have benefitted from additional cleaning. Servicing of the premises and equipment was carried out to ensure they did not pose unnecessary risks.

There were enough staff to support people. The provider carried out recruitment checks on new staff.

People received their medicines as prescribed.

### Is the service effective?

Requires Improvement ●

The service was not always effective. Staff were not fully supported to help them to meet people's needs. Parts of the environment were poorly maintained, decorated and lacked personalisation.

Staff supported people to eat and drink sufficient amounts, monitored their general health and wellbeing and supported people to access healthcare services when they needed to.

Staff were aware of their responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring. Staff were kind, attentive and knew people well including their preferred method of communication.

Staff respected people's right to be treated with dignity and right to privacy particularly when receiving care.

People were supported by staff to be as independent as they could be. Family members or friends had no restrictions placed on them when visiting the service.

### Is the service responsive?

The service was not always responsive. Opportunities for people to have their social and physical needs met were mixed.

People had a current care plan which was reviewed and updated accordingly as people's needs changed.

People were involved in planning and making decisions about their care and supported with their cultural and spiritual needs.

The provider was responsive when dealing with people's concerns and maintained appropriate arrangements to deal with complaints.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led. The provider's quality assurance systems were ineffective and did not identify or address shortfalls we found at the service. The provider did not use learning to improve working practices.

The quality of records maintained by the service was variable. Some information on people's records needed to be updated. Some staff records would not have supported senior staff to review how effective staff were when supporting people.

The provider had plans to address some of the shortfalls we found but it was too early at this time to judge how these would lead to improved outcomes for people.

People's views had been sought about how some aspects of the service could be improved. These had been used to tailor mealtimes to people's preference.

**Requires Improvement** ●

# White Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 November 2017 and was unannounced. The inspection team consisted of two inspectors.

Although this comprehensive inspection had been planned, the inspection plan was informed, in part, by concerns that had been raised about the quality and safety of locations operated by this provider. A number of safeguarding and quality concerns in relation to the provider, Sussex Health Care, are the subject of a police investigation and safeguarding enquiries although none of these concerns relate to White Lodge specifically. As a result this inspection did not examine the circumstances of the specific allegations made about the registered provider. However, the information of concern shared with the Commission indicated potential concerns about staff training, delivery of person-centred care and good governance. Therefore we examined those themes in detail as part of this inspection.

Before the inspection we reviewed the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During the inspection, people were unable to share their experiences with us due to their complex communication needs. In order to understand their experiences of using the service we observed staff carrying out care and support and the way they interacted with people.

We spoke with the senior staff team which consisted of the deputy manager, the area manager for the service and the Head of Quality from the provider's organisation. We also spoke with three members of staff

who were care support workers. We looked at three people's care records, four staff files, medicines administration records (MARs) for three people and other records relating to the management of the service.

After the inspection we spoke with five relatives of people using the service. The provider also wrote to us to provide information we asked for during the inspection. This included proof of servicing of the gas heating system, proof of water hygiene checks, the improvement plan for the environment, details of the interim management arrangements for the service and confirmation of the deep clean of the environment and epilepsy training arranged for staff.



# Is the service safe?

## Our findings

Some parts of the environment were clean and hygienic. We saw people's bedrooms and the communal living and dining room appeared clean and tidy. However some areas of the environment would have benefited from additional and more thorough cleaning such as the ground floor visitors toilet, ground floor bathroom and parts of the kitchen and communal hallways. We gave the senior staff team feedback about what we had observed around the environment. Immediate arrangements were made for a deep clean of the environment to be undertaken the following day. After our inspection the provider wrote to us to confirm this had been done.

The provider took appropriate action to ensure the premises and equipment used at the service did not pose a risk of injury or harm to people. We saw evidence of recent checks made of water hygiene, fire equipment, alarms, emergency lighting, portable electrical appliances and the gas heating system. Staff carried out regular checks of hot water temperatures from outlets to ensure these did not pose a risk of scalding to people and of window restrictors which protected people from falling from height.

Since our last inspection, risks posed to people's safety continued to be assessed, reviewed and monitored. Plans to manage identified risks were current and guided staff on how to mitigate and reduce identified risks to keep people safe. The registered manager reviewed incidents involving people in line with their support plans and associated risk assessments to identify any underlying causes, triggers or trends which may have contributed. We saw for one person when a new risk to them and to others was identified, measures were put in place to minimise the risk of recurrence. The person's records had been updated accordingly so that staff had access to up to date information about how to keep people safe.

Three relatives of people using the service said their family members were safe at White Lodge. One relative said their family member was always eager to return to White Lodge after visits or day trips which gave them assurance that they were safe and happy at the service. Another relative told us the registered manager's response when dealing with a recent incident at the service had reassured them about their family member's safety.

The provider continued to support staff to safeguard people from abuse. All staff had been provided training in how to safeguard adults at risk. Staff were able to tell us about the different types of abuse that could occur and how to recognise signs and symptoms that could indicate a person may be being abused. There were processes in place for staff to follow should they have a concern about a person, so that these could be reported promptly to the investigating local authority. At the time of this inspection there was one on-going safeguarding investigation involving people using the service. The senior staff team were cooperating fully with the local authority team investigating this incident.

There were enough staff at the time of this inspection to support people safely. Staff rotas showed the senior staff had taken account of the level of care and support people required each day when at home and in the community to plan the numbers of staff needed to support them safely. We observed staff were present and provided appropriate support and assistance to people when this was needed.

The provider maintained recruitment procedures to check the suitability and fitness of any new staff employed to support people. The provider checked staff's eligibility to work in the UK, took up character and employment references, sought evidence of qualifications and training and undertook criminal records checks. From our checks of records for three staff members that had been employed at the service for some time, we noted the provider had undertaken a subsequent criminal records check for two of them within the last three years.

Staff supported people to take the medicines prescribed to them. These were stored safely and securely. We looked at three people's individual medicines administration records (MARs) and the current stock and balance of their medicines. We found these had been given as prescribed and an accurate record had been maintained of this. Staff received appropriate training to support people with their medicines. Senior staff used monthly audits to assure themselves of staff's on-going competency and to check that medicines were managed safely.

## Is the service effective?

### Our findings

Staff had not been fully supported to deliver effective care to people. Records showed staff were required to complete training in topics that were relevant to their work. Up to date training included health and safety, basic food hygiene, first aid, fire safety and infection control. We also saw staff were supported to complete the Care Certificate. The Care Certificate is a nationally recognised learning tool to support staff new to care. However staff had not received specialist training in areas specific to the needs of people using the service, for example, training in supporting people with a learning disability, autism, mental health needs, dementia, epilepsy and diabetes management. This meant staff had limited knowledge with regard best practice in these areas, so people were not fully supported to experience effective outcomes in relation to their specific needs. We saw one example of this where as part of the management plan to support one person with their epilepsy, an appropriately trained staff member was required to be on duty on each shift. However at the time of this inspection only the registered manager had been formally trained in epilepsy and they were absent from the service. This meant this person was not currently being supported by staff who had the required skills and knowledge to help them manage their epilepsy effectively to reduce the occurrence of seizures and to seek appropriate support if one should occur. After our inspection the provider wrote to us to confirm epilepsy training for all staff had been arranged for 8 December 2017. We received subsequent confirmation from the deputy manager this had been provided.

Staff members told us they would like to have more specialist training to support them in their roles. One staff member said, "It would be really useful. I'd like to help the people living here better with more knowledge." Another told us "No we have not had that training here. It would be good for us if we did." The provider had been given feedback previously on other inspections that their training programme was not sufficient to give staff the knowledge and competence to manage people's complex health conditions. However this feedback had not been applied to White Lodge to improve staff skills and knowledge.

This issue were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had supervision (one to one meetings) to help them improve their working practices and the quality of support provided to people. Records showed staff attended a supervision meeting with their line manager every four to six months and an annual performance appraisal. Staff told us more frequent supervision would be helpful to them although they said they could always talk to the registered manager if they had a problem or issue they wanted to discuss. One staff member who had worked at the service for over 18 months said, "I have only had one formal supervision since I started here...but I have always been able to discuss any issues or problems with the manager and they listen and are supportive to me." Another told us, "Supervision could be more frequent. It would be good if it was."

The layout of the premises provided people with a degree of flexibility in terms of how they wished to spend their time when at home. In addition to their own bedroom, which people had been able to personalise as they wished, people also had use of a large combined living and dining room, a separate lounge, a kitchen with dining area and a large garden with a designated sheltered area for people who wished to smoke. We

were told some people had lived at the service for a considerable number of years but there was a lack of personalisation in communal areas such as the living and dining room to indicate this. For example, there were no photos of people and very little in terms of pictures and objects specifically chosen by people to furnish these parts of the home. This indicated people were not involved in making decisions about communal areas of the environment that they frequently used. Parts of the premises had not been well maintained and decorated. We saw a broken light fitting in the combined living and dining room and the flooring around the fireplace needed to be repaired. Walls needed to be re-plastered and painted in places to cover unsightly patches. There were cracked tiles in one part of the kitchen and the skirting board in another part had come away from the wall. In another area of the kitchen a wall had been retiled but this work looked unfinished as there was no grouting between the tiles. The first floor bathroom looked tired and needed to be refreshed.

The Head of Quality told us the provider had approved a programme of improvements to refresh and redecorate the premises. After our inspection the provider sent us a copy of their improvement plan for these works and we saw these covered repairs, redecoration and refurbishment across the whole of the environment. We will continue to monitor the action the provider is taking to improve the quality of the premises.

The registered manager had used information and guidance, based on best available evidence and best practice, to plan and deliver care that would support people to experience good outcomes in relation to their healthcare needs. A relative told us the registered manager had undertaken research into autism to identify ways their family member could be supported with their sleeping patterns. We saw some of the changes made included de-cluttering the person's room and the relative said their family member now slept better. This had had a positive impact on the person and they were much happier as a result.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff were aware of people's dietary requirements, if they had any food allergies and if there were risks to them associated with eating, for example from choking. Staff were able to explain how people should be supported in this instance to reduce this risk. The area manager told us, through their own checks of the service, they had identified improvements could be made to the level of support people received with their nutritional needs. They had made arrangements to bring in a specialist nutritionist to advise and support staff in how to improve the effectiveness of the support people received with this aspect of their care.

Staff worked proactively with healthcare professionals to improve health outcomes for people. We saw a recent positive example of this where staff had worked in conjunction with a professional to help one person improve their mobility so that they were able to move and transfer with less support from staff. Staff supported people to attend their healthcare appointments when needed. Staff also worked closely with people's allocated social workers particularly when people had annual reviews of their care and support needs to ensure social workers received the information they needed to ensure this was an effective process for people. We saw following a recent social service's review of one person's care and support needs, senior staff were using feedback from this meeting to identify ways in which the care and support provided to the person could be improved upon.

People's ability to make and consent to decisions about their care and support needs had been assessed and reviewed regularly by the registered manager. We saw staff prompt people to make decisions and choices and sought their consent before providing any support. When people could not consent to or make a decision about what happened to them in specific situations, meetings had been held, involving people's representatives and other relevant health care professional, so that decisions were made in their best interest.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received training in the MCA and DoLS and understood their responsibilities under the Act. We saw from records the provider was complying with conditions attached to applications which had been authorised by the appropriate body. Where the provider was waiting for the outcome of applications made they were in contact with the authorising body to check on progress to ensure these were not subject to unnecessary delays.

## Is the service caring?

### Our findings

The majority of relatives of people using the service spoke positively about the care and kindness shown by staff towards their family members. One relative said, "The staff are very kind and caring...there's always a nice rapport. They all (staff and people) look relaxed with each other." Another relative told us, "They're (staff) attentive. They take action quickly if [family member] wasn't well." Another relative said, "[Staff member] is brilliant. Very calm, very compassionate. I like their mannerisms and they're very gentle."

In our conversations with staff, they spoke about people in a kind and caring way. They knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed in our conversations with them about people's preferences and wishes.

People using the service had complex communication needs and their records provided information for staff on how they communicated and expressed themselves through speech, signs, gestures and behaviours. This information was used by staff to understand how people may be feeling and what they may need from staff in terms of support. We observed staff were able to tell quickly what people needed or wanted which indicated they had a good understanding of people's communication preferences and needs.

People were supported to access agencies and organisations that could provide them with independent help and advice on making decisions about their care needs. We saw an example of this for one person who had been helped by staff to access support from an advocacy service and this had been provided.

During the inspection we observed some of the interactions between people and staff. People appeared comfortable and relaxed in staff's presence and staff gave people their full attention and provided support promptly. They involved people in making decisions, for example about what they would like to eat for their meal. Staff knew how to support people when they became anxious or distressed so that this was done in a caring and considerate way.

Staff upheld people's right to privacy and dignity. A relative told us on one occasion they had observed a staff member supporting their family member with their personal care needs and said, "The member of staff made [family member] laugh throughout to put them at ease and make it less awkward." Another relative said, "When staff used to bring [family member] to visit me, [family member] always looked well dressed... always clean and tidy." We observed staff did not go in to people's rooms without first seeking their permission to enter. Personal care was provided in the privacy of people's rooms or in the bathroom so people could not be seen or overheard. When people wanted privacy, staff respected this so that people could spend time alone if they wished. Staff remained close by if people later required their assistance.

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, staff encouraged and supported people to clean and tidy their rooms or to participate in the preparation of meals and drinks. Staff only took over when people could not manage tasks safely and without their support. Records showed each person had time built into their weekly activities timetable for laundry, cleaning and personal shopping tasks aimed at promoting their independence.

People were encouraged to maintain relationships with their family and friends, who were welcome to visit without any unnecessary restrictions. People were supported by staff to visit and stay with their relatives at their homes when they wished.

## Is the service responsive?

### Our findings

People and their relatives were involved in planning and reviewing the care and support people required. A relative said, "I feel very involved and we have a meeting every six months."

Since our last inspection one new person had come to live at the service. The registered manager had undertaken an assessment of their needs prior to them moving in and had involved the person and their relatives to gain the information they needed about the level of support they required. This information was used to develop a care plan to inform staff about how the person should be supported with their care needs when they moved in.

Each person using the service had a current care plan which provided information for staff about their care needs and how support should be provided to them. These covered people's personal care needs and the support they needed to maintain their physical and mental health and wellbeing. People and their relatives were able to specify how support should be provided based on people's likes, dislikes and preferences. For example one person had specific routine they wished to follow when getting ready to go to bed at night and this was set out in detail for staff so that the person was supported to follow this as they wished. People could state if they wished to receive support from a male or female staff member and their preference for this was respected. Care plans instructed staff to respect and support people with their diverse needs and included guidance on how to support people to express their sexuality and to practice their religious, spiritual and cultural beliefs when they wished to. People's care plans were regularly reviewed and updated in line with any changes in people's needs or health.

Opportunities for people to have their social and physical needs met were mixed. Two relatives told us their family members undertook a range of activities which they thought were stimulating and kept them busy and appropriately engaged. One relative said activities were tailored to meet their family member's specific healthcare needs. They told us, "Staff are good at remembering this." However one relative said there was not enough for their family member to do. They told us, "I went there...people were sitting around doing nothing. There was not a lot going on."

Four people using the service attended a day centre 4 to 5 days a week where they were able to take part in a range of activities and events such as arts and crafts, music and drama classes and quizzes and games. Two people however did not access this service and as such staff were responsible for undertaking activities with them at home or in the community. On the day of our inspection we observed that although staff were kind and attentive to the people at home when they asked for assistance, little was done in the way of activities to stimulate and engage people. We observed one person approached staff throughout the day but other than ask if the person wanted a cup of tea, they did not attempt to find out if the person would like to undertake an activity of their choosing to stimulate and engage them. A staff member said when all the people were at home together group activities were arranged involving everyone such as going out for meals or for day trips which they said people enjoyed. A relative confirmed this and said, "They all go out and do things together which is nice to see."



The area manager told us, through their own checks of the service, they had identified improvements could be made to the quality of activities available to people particularly when they were at home. Through training, they planned to improve staff's knowledge and understanding in how to offer and deliver stimulating and rewarding activities to positively promote people's overall health and wellbeing. We have previously given feedback to the provider at other registered locations about the provision of person-centred activities in order to support people's engagement and well-being. However this feedback had not been used to make improvements in activities at White Lodge.

Three relatives told us they were satisfied with the support their family member received. One relative said, "I think the service is really good...[family member] has become more confident since moving into White Lodge and [their] life is good." Another relative told us, "[Family member] seems happy and I've never had a worry." And another relative said, "They like [family member] there and [family member] has a lot to do." One relative was less satisfied and told us there were aspects of the service that needed to be improved. They said when they had had concerns about the quality of care and support provided to their relative, senior staff had been responsive in addressing these and improvements had been made. They told us, "It's all a bit hit and miss."

The provider continued to maintain arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available to people and their relatives and used pictures and simple language to help people state who and/or what had made them unhappy and why. When a concern or complaint had been received the registered manager had investigated this and provided appropriate feedback to the person making the complaint, including offering an apology when this was appropriate when people had experienced poor quality care and support from the service.

## Is the service well-led?

### Our findings

Although there were systems in place to assess, monitor and review the quality and safety of the service, these were not as effective as they should be. This was because the provider had not identified or addressed issues we found during the course of this inspection about staff's knowledge and understanding of how to support people effectively with all their needs, the quality of the environment and the current quality and delivery of activities to stimulate and engage people at home. The provider had been given feedback about needs-specific staff training, accurate and contemporaneous records and person-centred activities at recent inspections of other Sussex Health Care locations but this feedback had not been used effectively to improve working practices at White Lodge so that people experienced good quality care and support.

This issue was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did see however other audits and checks had been undertaken which ensured other aspects of the service continued to be well managed and safe for example, medicines audits, environmental checks of window restrictors and hot water temperatures and food safety management systems.

Senior staff told us plans were in place to address some of the shortfalls we found. The area manager told us following their recent quality audit of the service in November 2017 they had identified aspects of people's care records needed to be improved and was in the process of updating these with the deputy manager at the time of this inspection. The area manager said this would improve the quality of information for staff to deliver better personalised care and support, tailored to people's specific needs.

The provider was rolling out at the time of this inspection, a programme of training to all staff across their organisation that would encompass specialist training for supporting people with a learning disability and autism where this was required. This had been arranged in response to the provider's internal review of the quality of training provided to staff across the organisation. New clinical staff had also been recruited within the provider's organisation and they would be supporting the service to improve the management of people's healthcare conditions including epilepsy management, diabetes care and nutritional support and guidance to support people with specific dietary needs. The area manager said they would be undertaking monthly reviews of the service to ensure there was provider level oversight of the progress being made at service level in implementing the improvements needed. Although the provider was taking action to improve it was too early to see at this time how these would lead to improved outcomes for people with the regard to the quality of support they received.

The provider wrote to us after the inspection with their plan for how issues about the quality of the environment would be addressed. However as some of the actions required to make the planned improvements would not be completed until May 2018, this meant people would have to wait for some time to gain the benefits of these improvements to the overall quality of their home life.

The service had a registered manager in post. At our inspection we were notified by the senior staff team

that the registered manager was recently absent from the service and not likely to return in the short term. We discussed the interim management arrangements for the service with the senior staff team. We were concerned that the recently appointed deputy manager had been given responsibility for day to day management of the service as they were new to management. Senior staff told us about the provider's plans to ensure the deputy manager would be appropriately supported by the organisation to enable them to fulfil all the duties required of a home manager. After our inspection the provider sent us the required statutory notification to inform us of the absence of the registered manager and set out for the next three months the interim management arrangements and support for the service from the organisation. This included the area manager on site one day a week, a registered manager from one of the provider's other services on site 2 days a week and a clinical nurse tutor on site one day a week. As these arrangements were new, it was too early to judge the effectiveness and impact these would have on the day to day management of the service.

Relatives were aware of the current arrangements at the service and had been informed that the deputy manager was temporarily responsible for day to day management of the service. One relative said, "I think [deputy manager] is very nice." Another told us, "[Deputy manager] is very nice – keeps us very well informed and lets us know what is happening." Staff told us although they missed the support of the registered manager the current arrangements would adequately support them in their roles.

The quality of records maintained by the service was variable. Some of the information the service held about people on their records needed to be updated, for example we saw two people's hospital passports had not been amended in line with changes made to their care plans and associated risk assessments due to changes in their needs. These documents contained important information that hospital staff needed to know about people and their health in the event that they needed to go to hospital. Records maintained of staff supervision meetings were brief and contained minimal information. This was not a useful tool for senior staff to help them review how effective staff had been in continuously improving their working practices and supporting people to achieve positive outcomes in relation to the support they received.

We saw evidence that the views of people and staff were sought about how some aspects of the service could be improved. For example, staff carried out a monthly review of meals that had been provided using the feedback they obtained from people about whether they liked these or not. This information was then used by staff to make decisions about future menus to ensure these were tailored to people's preference.